

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V31690

Entity Name: GATOR LAND COMPANY

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H L III
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLBROOK, H. LEON II, I
Address: ONE INDEPENDENT DR STE 2301
City-St-Zip: JACKSONVILLE, FL

Title: VPD () Delete
Name: MCGOWAN, TED
Address: ONE INDEPENDENT DRIVE SUITE 2301
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD () Delete
Name: JACKSON, ROBERT S
Address: 611 CINDY COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLBROOK, H. LEON III
Address: ONE INDEPENDENT DR STE 2301
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: JACKSON, ROBERT S
Address: ONE INDEPENDENT DRIVE SUITE 2301
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. LEON HOLBROOK III

PD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date